



FILE COPY

Patent  
Attorney's Docket No. 040070-692

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Joakim Persson et al.

Application No.: 09/632,933

Filed: August 4, 2000

For: SYNCHRONIZATION OF  
AUTHENTICATION CIPHERING  
OFFSET

Group Art Unit: Unassigned

Examiner: Unassigned

RECEIVED  
JUL 02 2001  
Technology Center 2100

**REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT**

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

Sir:

Enclosed is a copy of the Official Filing Receipt marked in red to show corrections that are needed. The corrections are as follows.

Please change the name and address of the second named inventor from "Ben Smeets, Residence Not Provided" to --Bernard Smeets, Dalby, Sweden--; and

Please change the address of the third named inventor from "Residence Not Provided" to --Malmö, Sweden--.

Issuance of a corrected Official Filing Receipt is respectfully requested.

Enclosed is a copy of the executed declaration as submitted in Response to the Notice to File Missing Parts on November 21, 2000 showing the correct information. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:

Philip W. Marsh

Registration No. 46,061

P.O. Box 1404  
Alexandria, Virginia 22313-1404  
(703) 836-6620  
Date: February 1, 2001



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/632,933	08/04/2000	2766	690	040070-692	7	12	2

21839  
BURNS DOANE SWECKER & MATHIS L L P  
POST OFFICE BOX 1404  
ALEXANDRIA, VA 22313-1404

## FILING RECEIPT



\*OC00000005424198\*

Date Mailed: 09/25/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Joakim Persson, Residence Not Provided;  
Ben Smeets, Residence Not Provided;  
Tobias Melin, Residence Not Provided;

-- Bernard Smeets, Dalby, Sweden and  
Tobias Melin, Malmö, Sweden.

## Continuing Data as Claimed by Applicant

## Foreign Applications

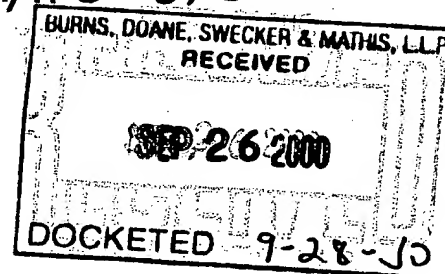
If Required, Foreign Filing License Granted 09/24/2000

## Title

Synchronization of authentication ciphering offset

## Preliminary Class

380



040070-692

ERICSSON

RL6/KBL/PWTM

Data entry by : JONES, ANGELONA

Team : OIPE

Date: 09/25/2000





# FILE COPY

## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3920

<b>SERIAL NUMBER</b> 09/632,933	<b>FILING DATE</b> 08/04/2000 <b>RULE</b>	<b>CLASS</b>	<b>GROUP ART UNIT</b> 2131	<b>ATTORNEY DOCKET NO.</b> 040070-692	
<b>APPLICANTS</b> Joakim Persson, Lund, SWEDEN; Ben Smeets, Dalby, SWEDEN; Tobias Melin, Malin, SWEDEN;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/24/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 21839					
<b>TITLE</b> Synchronization of authentication ciphering offset					
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		